

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECandidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTSCandidate's Name Lamar PickardFull Address P.O. Box 310, Hazlehurst, MS 39083Telephone 601-894-3311 (Fax) _____

E-mail _____

Office Sought Circuit Judge

Political Party _____

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) All Candidates and
Political Committees____ Termination Report (Candidate will no longer accept contributions or make campaign
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar
year-to-date

Total amount of contributions

\$

-0-

\$

-0-

Total amount of disbursements

\$

-0-

\$

-0-

Total amount of cash on hand

\$

14,558.03

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-26-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-elect Lamar Pickard Circuit JudgeReporting period 01-01-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Coples Bank, N.A.		4 / 30 / 09	\$ 129.64
Mailing Address P.O. Box 190		10 / 30 / 09	\$ 65.18
City, State, Zip Code Hazlehurst, MS 39083		__ / __ / __	\$
Name of Employer (Required) N/A		__ / __ / __	\$
Occupation (Required) N/A		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$